

<b>CLAIMS ONLY</b>						SERIAL NO.	FILING DATE				
						APPLICANT(S)					
<b>CLAIMS</b>											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*	*	*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
	1	/						51			
	2	/						52			
	3	/						53			
	4	/						54			
	5							55			
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	42							92			
	43							93			
	44							94			
	45							95			
	46							96			
	47							97			
	48							98			
49						99					
50						100					
TOTAL IND.	/					TOTAL IND.					
TOTAL DEP.	/					TOTAL DEP.					
TOTAL CLAIMS	/					TOTAL CLAIMS					

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS